

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008874	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/14/2015
NAME OF PROVIDER OR SUPPLIER PRESENCE SAINT BENEDICT N & R		STREET ADDRESS, CITY, STATE, ZIP CODE 6930 WEST TOUHY AVENUE NILES, IL 60714			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p>	S9999			

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/10/15

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S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These findings were not met as evidence by:</p> <p>Based on interview and record review the facility failed to have two staff members transfer a resident into the bed and ensure a nursing staff (Z3) is trained regarding techniques for transferring a resident. This applies to one of three residents (R2) reviewed for injuries, in a sample of 6. As a result, R2 sustained a fractured humerus (arm bone).</p> <p>Findings Include:</p> <p>On 10/8/15 at 1:00 pm R2 stated that her shoulder was hurt when someone was putting her back to bed. R2 stated the Certified Nursing Assistant (CNA) picked her up under her arms. R2's progress note dated 8/22/15 indicated R2 stated the pain started after being lifted from the chair to the bed.</p> <p>R2's minimum date set assessment (MDS) dated</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>8/09/15 includes diagnoses of arthritis and osteoporosis.</p> <p>R2's incident report dated 8/21/15 indicates R2 complained of right shoulder pain when lifting arm. R2's incident report indicates that R2 had swelling of the whole right arm. R2's final investigation report dated 8/28/15 that R2's CNA transferred R2 from the chair to the bed without assistance from other staff and without the use of a mechanical lift. The report also indicates that all staff interview denied assisting Z3 (Agency CNA) getting R2 into bed.</p> <p>R2's radiology report dated 8/22/15 indicates that R1 had a recent fracture involving the humeral neck with medial displacement.</p> <p>On 10/14/15 at 3:49 pm E10, Registered Nurse (RN) stated Z3, Agency CNA caring for R2 was from an agency. E10 stated early in the evening Z3 informed her R2 had not been placed in the bed because R2 requires two person transfer assistance. E10 stated Z3 was informed to ask for help when placing R2 in the bed. E10 stated later in the shift Z3 reported R2 was placed in bed and was complaining of right shoulder pain. E10 stated Z3 was aware that R2 required two person transfer assistance.</p> <p>R2's MDS dated 8/09/15 indicates R2 is total dependence requiring two or more person physical assistance. R2's MDS indicates R2's range of motion is impaired on both sides for upper and lower extremities.</p> <p>R2's falls care plan updated 8/20/15 includes an intervention for mechanical lift for transfer with two staff assist. R2's activities of daily living care plan updated 8/20/15 include an intervention for assist of two people for all transfers with use of</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>mechanical lift.</p> <p>On 10/14/15 at 4:01pm E12, Restorative Nurse stated it is never okay to transfer a resident by lifting under the arms. E12 stated that R2 requires a mechanical lift for transfers. E12 stated staff must be gentle and careful when handling residents with fragile and brittle bones.</p> <p>On 10/14/15 at 6:00 pm E2, Director of Nursing stated Z3 is an agency CNA and the agency is responsible for training their staff. E2 stated that the agency makes sure the requirements of the facility are met before sending a CNA. E2 stated the agency sends CNA's that are experts in the field.</p> <p>The facility's safe patient/resident handling and movement dated 1/7/13 indicates the facility requires that any employee whose duties includes, or may include, lifting, transferring and reposition patients/residents be properly trained in use of patients/residents handling and movement. The policy also indicates that staff should utilize the proper techniques, lifting devices, etc. to match the identified task and the employees should avoid manual lifting unless identified as a qualifying manual lift.</p> <p>(B)</p>	S9999			